

TRADEMARK OFFICE
13204
Express Mail No. EV 432654464 US

12-14-04

PHA 4162.3 (C-3204/2/US)
PATENT

1624

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of Michael S. South et al.

Art Unit 1624

Serial No. 09/717,051

Filed November 20, 2000

Confirmation No. 2191

For SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL URACILS USEFUL
FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE

Examiner Deepak R. Rao

File
purpose
only

December 13, 2004

AMENDMENT A AND RESPONSE

TO THE COMMISSIONER FOR PATENTS,
P.O. BOX 1450
ALEXANDRIA, VIRGINIA 22313-1450

SIR:

In response to the Office action mailed August 11, 2004, please enter the following amendments and consider the following remarks.

Amendments to the Claims are reflected in the Listing of Claims, which begin at page 2 of this paper.

Remarks begin at page 45 of this paper.

Conclusion begins on page 49 of this paper.

12/16/2004 BABRAHA1 00000027 09717051

01 FC:1251

120.00 0P

01/12/2005 DWILLIA4 00000001 191345 09717051

01 FC:1202 1300.00 DA

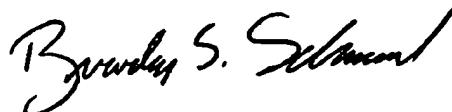
FEE VALUE ACCOUNTABILITY		DEPOSIT ACCOUNT NO.
19	1345	
FEE CODE	VALUE FURNISHED	26
1202	1300.00	

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CONCLUSION

In light of the foregoing, applicants request entry of the claim amendments and withdrawal of all claim rejections and objections, and solicit an allowance of the claims. The Examiner is invited to contact the undersigned attorney should any issue remain unresolved.

Respectfully submitted,



Bradley S. Schammel, Reg. No. 54,667
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BSS/vlm

FEE TRANSMITTAL

Application Number 09/717,051 Art Unit 1624
Filing Date November 20, 2000 Confirmation No. 2191
Inventors Michael S. South et al.
Examiner Name Deepak R. Rao
Attorney Docket Number PHA 4162.3 (3204/2)

Applicant claims small entity status.

METHOD OF PAYMENT

- The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
- Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.

FEE CALCULATION

1. **BASIC FILING, SEARCH AND EXAMINATION FEES**
(Type: _____) Subtotal (1) \$ _____

2. **EXCESS CLAIM FEES**

Total Claims ____ - ____ (HP) = ____ x Fee ____ = \$
Indep Claims ____ - ____ (HP) = ____ x Fee ____ = \$
Multiple Dependent Claims Fee _____ \$
(HP = highest number of claims paid for)
Subtotal (2) \$ _____

3. **APPLICATION SIZE FEE**

Total Pages ____ - 100 = ____ + 50 = ____ x \$250 = \$
(Application + Drawings)
(round up to whole #)

Subtotal (3) \$ _____

4. **OTHER FEE(S)**

- One month extension of time
 Information disclosure statement
 37 CFR 1.17(q) processing fee
 Non-English specification
 Notice of Appeal
 Filing a brief in support of appeal
 Request for oral hearing
 Other: _____

Subtotal (4) \$120.00

TOTAL AMOUNT OF PAYMENT \$120.00

Bradley S. Schammel
Bradley S. Schammel, Reg. No. 54,667
Telephone: 314-231-5400

12/13/04
Date

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